STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

DIVISION OF TAXATION

Individual Tax Audit Branch Transfer Inheritance and Estate Tax 50 Barrack Street - PO Box 249 Trenton, New Jersey 08695-0249 (609) 292-5033

(007) 27.	2 3 0 3 3
AFFIDAVIT AND SELF-I (Bank Accounts, Stocks, Bond	
Decedent's Name (Last) (First) (Mide	Decedent's S.S. No//
Date of Death (mm/dd/yy)/ County of Resid	lence Testate \(\Boxed{\text{Intestate}} \)
To be used ONLY when the assets listed on the reverse side are passing to a member will or the intestate laws of this state. 1. Surviving spouse where the decedent's date of death is on or after January 2. Child, stepchild, legally adopted child, or issue of any child or legally adopted or a great-stepgrandchild) where the decedent's date of death is on or after 3. Parent and/or grandparent where the decedent's date of death is on or after 4. Surviving domestic partner where the decedent's date of death is on or after 5. The beneficiary succeeds to the assets by contract or survivorship or the proceeding of the specifically bequeathed but ALL heirs at law by intestacy or ALL beneficiar fit there are ANY assets passing to ANY beneficiary other than a member of the classification of the used if any portion of the asset passes into a trust or passes in the case of a surviving domestic partner in order for this form to be used a copy the seal of the State of New Jersey must be attached. If the decedent died after December 31, 2001, in addition to the criteria listed above afts as determined pursuant to the provisions of the Internal Revenue Code in effected after December 31, 2001 and his/her gross estate plus adjusted to the decedent died after December 31, 2001 (Line 1 plus Line 4 on 2001 Feder The decedent's gross estate under the provisions of the Internal Revenue Code in counts whether held in the name of the decedent individually or jointly, individual or a beneficiary or the estate and transfers intended to take effect in possession or envisions of the Internal Revenue Code in corovisions of the Internal Revenue Code includes anable estate.	er of one of the following groups, either by contract, survivorship, the decedent's 1, 1985, sted child (includes a grandchild and a great-grandchild but not a step-grandchild July 1, 1988, July 1, 1988, er July 10, 2004 and the partnership was entered into in New Jersey; AND property is specifically bequeathed to said beneficiary, or the property was not aries under the will are described in numbers 1 thru 4 above. ass listed above, a complete Transfer Inheritance Tax Return must be filed in the under an affidavit or waiver and all beneficiaries. pursuant to a disclaimer. y of the Certificate of Domestic Partnership issued by the local registrar bearing e, this form may only be used if the decedent's taxable estate plus adjusted taxable ext on December 31, 2001 does not exceed \$675,000 (Line 3 plus Line 4 on 2001 taxable gifts does not exceed \$675,000, a New Jersey Estate Tax Return must be adjusted taxable gifts as determined pursuant to the provisions of the Internal ral Estate Tax Form 706) exceeds \$675,000. includes but is not limited to real estate wherever located, stocks, bonds, bank and retirement accounts, pensions, annuities, life insurance policies whether paid enjoyment at or after death. The decedent's taxable estate is determined under the cludes property passing to a surviving spouse or charity) from the gross estate.
certify that this form is completed in accordance with all the filing requirements of New Jersey County of ss.	
being	duly sworn, deposes and says that the foregoing statements are true to the
pest of his/her information or belief.	
Subscribed and sworn before me this	Executor / Administrator / Joint Tenant
day of	Social Security or Federal Identification Number
Notary Public	Street Address
,	
The bank, trust company, association, other depository, transfer agent, or organization as to the contents of this form of affidavit and self-executing waiver. Two business days of execution with the Division of Taxation, Individual Tax Box 249, Trenton, NJ 08695-0249. The affiant should be given a copy.	The original of this affidavit must be filed by the releasing institution within
Name of Institution Accepting Affidavit	Address

- See Reverse Side for Schedules and Instructions - This Form May Be Reproduced
TO BE VALID THIS FORM MUST BE FULLY COMPLETED

Description of Property	Market Value at Date of Death	This Column For Division Use

Name of Beneficiary	Relation to Decedent

If the decedent died testate, and the asset listed above do not pass by contract or survivorship, a complete copy of the last will and testament, separate writings and all codicils thereto must be submitted.

In the case of bank accounts be sure to list the name of the institution, title of the account and BALANCE as of the DATE OF DEATH.

In the case of stocks be sure to include the name of the company, manner of registration and the number of shares. Bonds should include the name of the issuer, manner of registration, date and face value.

A separate affidavit is required for each institution releasing assets.

RIDERS MAY BE ATTACHED WHERE NECESSARY